Name in Full: Jeremiah C. Alexander

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: New Baltimore — County: Frederick

Date of death 1904 — Month: Sept. — Day: 18 — Age: Years 62 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Fred Co

Married, Single or Widowed: Married — Occupation: Day Laborer

Name of Wife or Husband: Susan Leapole

Father's Name: Robert Alexander — Father's Birthplace: Fred Co

Mother's Maiden Name: Rosanna Kaufman — Mother's Birthplace: "

Name of person giving Information: Mrs. Alexander — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease — How long: 1 Year

Immediate: Dropsy — How long: 6 wks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. S. Davis

Address: Boons Boro Md

Accident or Sulcide?

LIBRARY BUREAU A66816

Name in Full: Dr Thomas S Bacon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Buckeystown; County: Frederick

Date of death: Month: Sept; Day: 13; 1904

Age: Years: 79; Months: 7; Days: 12

Sex: Male

Color or Race: White

Birthplace: Saratoga

Occupation: Clergyman

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed

Name or Wife or Husband: Sophie T. Bacon

Father's Name: William L Bacon

Father's Birthplace:

Mother's Maiden Name: William L Bacon

Mother's Birthplace:

Name of person giving Information:

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long: —

Immediate: Exhaustion — How long: —

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Maynard

Address: 17 Seventh St N.

Frederick Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88810

Name in Full: Agnilli Barnes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: Month: Sept; Day: 3; Year: 1904; Age: Years: 27; Months; Days

Sex: Male; Color or Race: Colored; Birthplace

Occupation: X; Where Residing if not at place of death: X

Married, Single or Widowed; Name of Wife or Husband

Father's Name: X; Father's Birthplace

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long

Immediate: & Laryngitis; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Esther Beck.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodsboro County: Frederick

Date of death 1904: Month: Sept. Day: 28

Age: Years: 80 Months: Days: 26.

Sex: Female Color or Race: White Birth-place: ?

Married, Single or Widowed: Widow Occupation: Housewife

Name of Wife or Husband: William Beck.

Father's Name: John Camel. Father's Birthplace:

Mother's Maiden Name: Mary " Mother's Birthplace:

Name of person giving Information: G. F. Devilbiss How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long:

Immediate: Palaysis How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Adams & Powell Undertakers.

Address:

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: John Brown Bell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died ~~at~~ Town: Near Brunswick County: Frederick

Date of death 190 4 Month: Sept. Day: 21 Age Years: 22 Months: Days:

Sex: Male Color or Race: Black Birthplace: W. Va

Occupation: Where Residing if not at place of death:

~~Married~~, Single or Widowed: Name or Wife or Husband:

Father's Name: William H. Bell Father's Birthplace: W. Va

Mother's Maiden Name: Sarah E. Strauther Mother's Birthplace: W. Va

Name of person giving information: William H. Bell How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 12 days

Immediate: ~~Heart Failure~~ Intestinal Hemorrhage How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. G. Stone

Address: Brunswick, Md.

Accident or Suicide?

LIBRARY BUREAU A8881C

Name In Full

Certificate of Death

Elyza E. Biggers

Died at Town: Lunganore County: Frederick MARYLAND

Date ~~No~~ Month: 1904 Sept. Day: 22 | Age Y. M. D.: about 23 | Native of: Md | Occupation: Housewife

~~Male~~ / Female | ~~White~~ / Colored | Married / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~ | Number of children living: Four

~~Husband~~ / Wife of: Chas. E. Biggers

Father's Name: Henry Miller | Mother's Name: Mary Jane Mercer

Cause of Death — Primary: Septicaemia | How long sick: Seven days

Immediate: Pneural Peritonitis | Accident, Suicide, Homicide

Reported by: David M. Devilbiss

Address: Woodville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Name (v in Full): Samuel M. Briely

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thurmont — County: Frederick

Date of death: Month: Sept — Day: 9 — Year: 1904 — Age: Years: 48 — Months: 4 — Days: 18

Sex: male — Color or Race: white — Birthplace: Frederick Co.

Occupation: Banker — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Belva E. Briely

Father's Name: Samuel Briely — Father's Birthplace: Maryland

Mother's Maiden Name: Barbara A. Klump — Mother's Birthplace: Maryland.

Name of person giving In formation: Dr M a Briely — How related to deceased: Brother-

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infected wound — How long: 2 weeks

Immediate: Septicemia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Morris A Briely

Address: Thurmont- Md.

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Francis L. Brown

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Lime Kiln County: Frederick —

Date of death: 1904 Month: 9 Day: 28 Age: Years 62 Months 7 Days 26

Sex: Male — Color or Race: White Birthplace: Braddock

Occupation: Farmer Where Residing if not at place of death: x

Married, Single or Widowed: Married Name of Wife or Husband: Susan R.

Father's Name: Geo A. Brown — Father's Birthplace: Near Braddock —

Mother's Maiden Name: Elizabeth Getzendanner Mother's Birthplace: Va —

Name of person giving Information: John Brown How related to deceased: Son —

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Arthritis with Arteriosclerosis How long: 42 years —

Immediate: Congestive Chill How long: 4 days —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Merrlin Buchanan Dmd

Address: Frederick Md

Accident or Suicide? x

LIBRARY BUREAU A88816

Name in Full: Maria Bruce

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Buckeystown; County: Frederick

Date of death: Month: 9; Day: 12; 1904

Age: Years: 63; Months: —; Days: —

Sex: Female

Color or Race: Black

Birthplace: F. Co. Md

Occupation: Domestic

Where Residing if not at place of death: Same.

Married, Single or Widowed: Married

Name of Wife or Husband: Henry Bruce

Father's Name: Jere Williams

Father's Birthplace: Md.

Mother's Maiden Name: Harriet Combash

Mother's Birthplace: "

Name of person giving Information: John H. Williams

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 179 V

How long

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Susan Catherine Bryan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick's — County: Frederick's

Date of death 1907: Month: Sept— — Day: 3 — Years: Age 71 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Richard Bryan

Father's Name: Joseph Gannon — Father's Birthplace: Md

Mother's Maiden Name: Eliza Crockett — Mother's Birthplace: Md

Name of person giving Information: Kate L. Gross — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 79 — How long:

Immediate: Cardiac Paralysis — How long: at once

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. G. Horine

Address: Brunswick's Md

Accident or Suicide? No

LIBRARY BUREAU

Name in Full: John Burke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: Month: Sept; Day: 17; 1904; Age: Years: 75; Months: x; Days: —

Sex: Male; Color or Race: Black; Birthplace:

Occupation: X; Where Residing if not at place of death: X

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Senility

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Lyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A55818

Name in Full: Adilaide L. Bussard — 18

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Myersville (County) Fred. Co.

Date of death: 1904 (Month) 9 (Day) 3 — Age (Years) 8 (Months) (Days)

Sex: Female — Color or Race: White — Birthplace: Fred'k. Co., Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Arb Bussard — Father's Birthplace: Fred. Co. Md

Mother's Maiden Name: Bertha E Keggo — Mother's Birthplace: " "

Name of person giving Information: Bertha Bussard — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculous Pleurisy — How long: 2 wks

Immediate: Dilitation of Heart — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Hopkins Jr. M.D.

Address: Mt Market, Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Cornelia Irene Butler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Sept. — Day: 10 — Age — Years: 0 — Months: 3 — Days: 29

Sex: Female — Color or Race: Colored — Birthplace: Frederick

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel E. Butler — Father's Birthplace: Md

Mother's Maiden Name: Mary P. Harris — Mother's Birthplace: Md.

Name of person giving In formation: " " " — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 mos.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. U. G. Browne

Address: Frederick, Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Catherine Call

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: Month: 9; Day: 28th; Year: 1904

Age: Years: 90; Months: ; Days:

Sex: Femal

Color or Race: White

Birthplace: Ireland

Occupation: Seamstris

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Don't Know

Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know

Mother's Birthplace: Don't Know

Name of person giving Information: Revd Wm O'Hora

How related to deceased: None

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes

How long:

Immediate: old age

How long: Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J B Brawner M D

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary L. Crook

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Reels Mill — County: Frederick

Date of death: Month: Sept. — Day: 9th — Year: 1904 — Age: Years: 76 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: — Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Widow — Name of Husband: Columbus L. Crook

Father's Name: Benjamin Foster — Father's Birthplace:

Mother's Maiden Name: Mary Conner — Mother's Birthplace:

Name of person giving Information: Mrs. Levin Hauke — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Enteritis (Diarrhea) — How long: 4 weeks.

Immediate: Acute Indigestion with sudden Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. E. Muldinger

Address: Urbana, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full (not named) Crumm Child

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Pearl, County: Cecil

Date of death 1904 Month: Sept Day: 15

Age: Years: — Months: 1 Days: 25

Sex: Male Color or Race: White. Birthplace: Near Pearl

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Jacob Crumm Sr. Father's Birthplace: Cecil Co.

Mother's Maiden Name: Sarah Fahney Mother's Birthplace: Cecil Co.

Name of person giving Information: Dr Downey How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus. How long: 15

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L W Downey

Address: Mt Modesty

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Kate Darr

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brunswick; County: Frederick

Date of death: Month: 6th; Day: 17; 1904

Age: Years: 49; Months; Days

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: House work

Where Residing if not at place of death: —

Married, Single or Widowed: Single (1)

Name of Wife or Husband: 1

Father's Name: Noval Darr

Father's Birthplace: Md

Mother's Maiden Name: Mary Wenning

Mother's Birthplace: Md

Name of person giving In formation: Indiana Thurgood

How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uterine Cancer

How long: 1 year +

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin Wells

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A3B816

Name in Full: Catherine Dutrow

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Middletown — County: Frederick

Date of death: Month: Sept — Day: 18 — 1904

Age: Years: 69 — Months: 6 — Days: 28

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: John Dutrow

Father's Name: Jacob Crone — Father's Birthplace: Maryland

Mother's Maiden Name: — Waddle — Mother's Birthplace: Maryland

Name of person giving information: Marshal Flute — How related to deceased: none —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: 6 mos.

Immediate: Paralysis of Heart. — How long: Instant.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Lamar M.D.

Address: Middletown Maryland

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: John F. Fulmer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Braggville County: Fredk

Date of death 1904: Month: 9 Day: 30 Age: Years: 70 Months: 2 Days: 24

Sex: Mal Color or Race: White Birthplace: F. Co. Md

Occupation: Farmer Where Residing if not at place of death: Same

Married, Single or Widowed: Married Name or Wife or Husband: Sarah E. Haines

Father's Name: William Fulmer Father's Birthplace: F. Co. Md

Mother's Maiden Name: Sarah Lambert Mother's Birthplace: " " "

Name of person giving In formation: Mrs Fulmer How related to deceased: Widow

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Senile Decay How long: Six mos

Immediate: Pneumonia, Cardiac Paralysis How long: 10 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank Sedgwick M.D.

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A88516

Interment at Mt Zion Cemetery
11 Oct 2d 04
A. T. Rice Undertaker

Name in Full: Herbert Fogle.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick. County: Frederick Co.

Date of death 1904 — Month: Sept. Day: 11th

Age — Years: 28 Months: Days:

Sex: male

Color or Race: white

Birthplace:

Married, Single or Widowed: Married

Occupation: Railroad Employee

Name of Wife or Husband: Mrs. Herbert Fogle

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation: E. M. Miller, Supt. of Emergency Hospital

How related:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 2 weeks

Immediate: Haemorrhage & Collapse — How long: 48 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. F. B. Smith & Dr. Ira J. McCurdy.

Address: Frederick, Md.

Accident or Suicide?

Name in Full: Walter E. Foster

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brunswick; County: Frederick

Date of death: Month: 1904 Sept; Day: 15

Age: Years: —; Months: —; Days: 27

Sex: Male

Color or Race: white

Birthplace: Md —

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

Father's Name: Charles K Foster

Father's Birthplace: Md

Mother's Maiden Name: Annie E. Meashow

Mother's Birthplace: D. C.

Name of person giving information: Charles K. Foster 104

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion and Starvation

How long: 27 days

Immediate: Exhaustion from above

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin Smith

Address: Brunswick Fred Co

Accident or Suicide?

LIBRARY BUREAU A48816

Name in Full: Centsail Gracie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Urbana (near) — County: Frederick

Date of death 1904: Month: 9 — Day: 7

Age: Yaars: — Months: 7 — Days:

Sex: Female — Color or Raca: W. — Birth-place: Urbana (near)

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Hiram Centsail — Father's Birthplace:

Mother's Maiden Name: Main — Mothar's Birthplaca:

Name of person giving In formation: — How related to daceasad:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: 3 weeks

Immediate: Asthenia — How long: 2 days

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician: H. P. Fahrney MD

Addrass: Frederick Md

Accidant or Sulcide?

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LIBRARY BUREAU A88516

Name in Full: Wm Anthony Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Reisdock Hds — County: Frederick

Date of death: Month: 9 Day: 4 1904 — Age: Years: 33 — Months: + Days: x

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Gentleman — Where Residing if not at place of death: x

Married, Single or Widowed: Single — Name of Wife or Husband: x

Father's Name: Robt L. Hall 1014. — Father's birthplace: Baltimore Md

Mother's Maiden Name: Miss Mary R. Cunningham — Mother's Birthplace: Frederick Md

Name of person giving Imformation: Chas Hall — How related to deceased: Brother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: G.S. cod - of Head — How long: x

Immediate: Compression of Brain + Skull — How long: x

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: Franklin Buchanan Jr. M.D.

Address: Frederick, Md

Accident or Suicide? Undetermined —

LIBRARY BUREAU A88315

Name in Full: Harry N. Hammond

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: 1904 — Month: 9 — Day: 7 — Age — Years: 7 — Months: 9 — Days: 11

Sex: Male — Color or Race: Black — Birthplace: City

Occupation: —

Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Hammond — Father's Birthplace: City

Mother's Maiden Name: Sarah Goins — Mother's Birthplace: Fr. Co. Md

Name of person giving Information: Wm Hammond — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: Two Weeks

Immediate: Congestion of Brain & Heart Failure — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: C. T. Sappington

Address: 134 N. Market St. Frederick, Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Interment at Bastonsville

" Sept 8th 04

A. F. Rice Wentzville

Fr Co.

Name in Full: James Henry Hardey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death: 1904; Month: Sept; Day: 19

Age: Years: [illegible]; Months: 8; Days: 19

Sex: Male; Color or Race: colored; Birthplace: Brunswick

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: single

Name or Wife or Husband: none

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Eugene Hardey; Father's Birthplace: Md

Mother's Maiden Name: Anna Wilkerson; Mother's Birthplace: Md

Name of person giving Information: Eugene Hardey; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion; How long: 3 days

Immediate: Convulsions; How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. H. Hoskins

Address: Brunswick Md

Accident or Suicide?

1904

LIBRARY BUREAU A69518

Name in Full: Himes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Garfield; County: Frederick

Date of death: 1904; Month: Sept; Day: 12; Age — Years: —; Months: 4; Days:

Sex: Female; Color or Race: White; Birthplace: Garfield-Md

Occupation: Infant; Where Residing if not at place of death: " "

Married, Single or Widowed: Infant; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Morris Himes; Father's Birthplace: Md

Mother's Maiden Name: Angie Forrest; Mother's Birthplace: Md

Name of person giving information: Jas. A. Grove; How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Malnutrition; How long: 2 mos—

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Smith

Address: Wolfsville, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: John William Hine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Sanders — County: Frederick

Date of death 1904: Month: 9 — Day: 15 — Age: Years: 56 — Months: 4 — Days: 22

Sex: Male — Color or Race: White — Birthplace: Washington Co

Married, Single or Widowed — Occupation: Laborer

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Emanuel Hine — Father's Birthplace: Washington Co

Mother's Maiden Name: Mary Catherine Green — Mother's Birthplace: Frederick Co

Name of person giving information: Charles Henry Hine — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epilepsy — How long: 20 yrs.

Immediate: Found dead — How long: 30 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Reported by M. K. Etchison

Address: Undertaker. Jefferson. Frederick Co Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mildred Isabella Halbrunner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Woodsboro — County: Frederick

Date of death 1904 — Month: Sept. — Day: 14 — Age — Years: ✓ — Months: 10 — Days: 27

Sex: Female — Color or Race: White — Birthplace: Woodsboro Md.

Married, Single or Widowed: ✓ — Occupation: ✓

Name of Wife or Husband: ✓

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Calvin Pierce Halbrunner — Father's Birthplace: Woodsboro Md.

Mother's Maiden Name: Laura J. Walt — Mother's Birthplace: Araby Md.

Name of person giving information: Laura J. Halbrunner — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 25 days

Immediate: General Asthenia — How long: ✓

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Stultz

Address: Woodsboro, Md.

Accident or Suicide? N

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LIBRARY BUREAU A6881S

Name in Full: Samuel W. House

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burkittsville; County: Fred'k.

Date of death 1904: Month: 9; Day: 13

Age: Years: 74; Months: 2; Days: 14

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: Married

Occupation: Laborer

Name of Wife or ~~Husband~~: Elizabeth Tucker

Father's Name: Andrew House

Father's Birthplace: Md

Mother's Maiden Name: Emeline Metz

Mother's Birthplace: Md

Name of person giving information: Josephine Kappa, Mother

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis — How long: Years

Immediate: Anuria & Exhaustion — How long: 2 wks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo Yourtee

Address: Burkittsville Maryland

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Josephine Hupper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frd. Co.

Date of death: 1904 Month: Sept. Day: 22

Age: Years: — Months: 1 Days: 21

Sex: Female Color or Race: White Birthplace: Frd. Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Hupper Father's Birthplace: Wash. Co.

Mother's Maiden Name: Pearl H Bixler Mother's Birthplace: Frd. Co.

Name of person giving In formation: Harry Hupper How related to deceased: Father

CAUSES OF DEATH

Primary: Mal-nutrition How long: 5 wks

Immediate: Marasmus How long: 2 wks

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: Howard V. Dutrow M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A6861G

Name in Full: Alice Marie Keeney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Woodsboro County: Frdk.

Date of death 190 7: Month: 9 Day: 7

Age: Years: 1 Months: 9 Days: 8

Sex: Female Color or Race: White Birthplace: Woodsboro

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Carroll Keeney Father's Birthplace: Woodsboro

Mother's Maiden Name: Mollie J. Mother's Birthplace: "

Name of person giving information: Carroll Keeney How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long:

Immediate: " How long: Two Weeks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician:

Address: Edgar F. Powell Undertaker.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Franz Ranz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catoctin — County: Frederick

Date of death: 1904 — Month: Sept — Day: 29 — Age: Years / Months / Days

Sex: Male — Color or Race: White — Birthplace: Virna Austria

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Accident. Rail Road — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm Frech

Address: Braucreek Frederick Co

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full Sarah Lewis — Certificate of Death

Died at Town Forville County Frederick MARYLAND

Date 1904 Month Sept. Day 29 | Age Y. 86 M. 2 D. 11 | Native of Md | Occupation Retired

Male / ~~Female~~ | White / Colored | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ / Wife of Lee Lewis

Father's Name Daniel Krise | Mother's Maiden Name Susan Groves

Cause of Death — Primary: Old Age, 164 | How long sick 2 Wks.

Immediate: General Debility

Reported by L. Brosius

Address Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John F. Linton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Araby — County: Frederick

Date of death: Month: 9 — Day: 25 — Year: 1904 — Age: Years: — Months: 3 — Days: —

Sex: Male — Color or Race: White — Birthplace: Araby

Occupation: — — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Frank Linton — Father's Birthplace: Fr. Co. Md.

Mother's Maiden Name: Mary Tyler — Mother's Birthplace: " " "

Name of person giving In formation: Mrs. Smith — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 Mo

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: None in Attendance

Address: A. T. Rice & Sons, Funeral Directors

Accident or Suicide? —

LIBRARY BUREAU A86516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Frederick — County: Frederick

Date of death 1904: Month: 9th — Day: 4th — Age: Years — Months — Days

Sex: female — Color or Race: Colored — Birthplace: Frederick

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Frank Mackall — Father's Birthplace: Md

Mother's Maiden Name: Bessie Brown — Mother's Birthplace: Md

Name of person giving Information: " " — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: U G Bourne M.D

Address: Frederick, Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Nettie Main.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rocky Springs; County: Frederick

Date of death: Month: 9; Day: 1; 1904

Age: Years: —; Months: 5; Days: —

Sex: Female; Color or Race: White; Birthplace: Frederick Md

Occupation: —; Where Residing if not at place of death: Same

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Frank Main; Father's Birthplace: Frederick Md

Mother's Maiden Name: Nettie Jones; Mother's Birthplace: " " "

Name of person giving information: Mrs Manshew; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: 5 mo.

Immediate: Entero Colitis; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Frank Hedges

Address: Frederick,

Accident or Suicide?

over

LIBRARY BUREAU A33816

Interment at Doubs Cem,
" Sept 8th 04
H. F Rice Undertaker

Name in Full: William Henry Michael

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lime Kiln — County: Fred

Date of death: Month: Sept — Day: 27 — Year: 1904 — Age: Years: 72 — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Hattie Keller — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio Sclerosis — How long: Several yrs

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Routson

Address:

Accident or Suicide?

LIBRARY BUREAU A80816

Name in Full: Aaron Myers Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick

Date of death: Month: Sept — Day: 24 — 1904

Age: Years: 36 — Months — Days

Sex: Male — Color or Race: White — Birthplace: W. Va

Occupation: Yard Master — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Minnie Bell Miller

Father's Name: John Thomas Miller — Father's Birthplace: W. Va

Mother's Maiden Name: Mary Elizabeth Robbins — Mother's Birthplace: W. Va

Name of person giving information: Bessie Hedges — How related to deceased: Sister in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3 Weeks

Immediate: Hemorrhage from Bowels — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Leon Mish

Address: Brunswick Frederick Co

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Russell Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Point of Rocks; County: Frederick

Date of death: Month: Sept; Day: 20; 1904

Age: Years: 13; Months: 3; Days: 4

Sex: Male

Color or Race: Black

Birthplace: Morgan Dist Co Pa

Occupation:

Where Residing if not at place of death: Prop Rocks Md

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Mitchell

Father's Birthplace: Morgan Dist Co Pa

Mother's Maiden Name: Ada Bowers

Mother's Birthplace: Point of Rocks Md

Name of person giving Information: Ada Bowers

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatic Fever

How long: Two weeks

Immediate: Endocarditis

How long: Four Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. W. Trapnell

Address: Point of Rocks Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Florence Lee Mormingstar

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New London; County: Frederick

Date of death: Month: Sept; Day: 12th; Year: 1904

Age: Years: 34; Months: 1; Days: 8

Sex: Female

Color or Race: White

Birthplace: Dayville

Occupation: House wife

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband:

Father's Name: Wm C. Beall

Father's Birthplace: Frd'k Co

Mother's Maiden Name: Teresa C. Evans

Mother's Birthplace: Frd'k Co.

Name of person giving Information: Wm C Beall

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Nephritis — How long: 1 wk

Immediate: Uraemic Convulsions — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. B. Stone M.D

Address: Liberty town Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Malissa Catherine Myers

CERTIFICATE OF DEATH

MARYLAND

Died in Town: Creagerstown District County: Frederick

Date of death: Month: Sep Day: 16 1904 Age: Years: 79 Months: one Days: 4

Sex: Female Color or Race: White Birthplace: Creagerstown

Occupation: Housewife Where Residing if not at place of death: At home

Married, Single or Widowed: Married Name of Wife or Husband: William Myers

Father's Name: William Null Father's Birthplace: Near Yaworsky Town

Mother's Maiden Name: Mary C. Zimmerman Mother's Birthplace: Creagerstown

Name of person giving Information: Ida Myers How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis How long: 15 days

Immediate: Paralysis How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. S. Young,

Address: Creagerstown Frederick Co

Accident or Suicide?

LIBRARY BUREAU FORM 6

Name in Full: Infant J Harry Neal

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death	Month	Day	Age: Years	Months	Days
1904	Sept	15	—	—	—

Sex: Female | Color or Race: White | Birthplace: Md

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Neal | Father's Birthplace: Md

Mother's Maiden Name: Ellis Talman | Mother's Birthplace: "

Name of person giving Information: Ellis Neal | How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — | How long: X X

Immediate: Still born | How long: X X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W A Long

Address: City.

Accident or Suicide?

LIBRARY BUREAU A83216

Name in Full: John Lewis Nicodemus

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Walkersville; County: Frederick

Date of death 190 4: Month: Sept; Day: 3; Age: Years: 76; Months: 4; Days: 13

Sex: male; Color or Race: white; Birthplace: Wakefield Md

Married, ~~Single~~ or ~~Widowed~~; Occupation: Farmer retired.

Name of Wife or Husband: Nancy (Carroll)

Father's Name: John; Father's Birthplace: Wakefield Md

Mother's Maiden Name: Hannah Englar; Mother's Birthplace: Carroll Co Md

Name of person giving information: J. D. Nicodemus; How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac debility. 154; How long: 12 months

Immediate: General debility; How long:

Are the name, age, sex, color, date and place correctly given above? ✓

Signature of Physician: J. D. Nicodemus, M.D.

Address: Walkersville. Md.

Accident or Suicide?

LIBRARY BUREAU APR 8 13

Name in Full: Helen May Ohler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg (Near) County: Frederick

Date of death: Month: Sept. Day: 24 1904

Age: Years: Months: 1 Days: 13

Sex: Female Color or Race: White Birthplace: Near Emmitsburg

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Emery Ohler Father's Birthplace: Md

Mother's Maiden Name: Emma Williard Mother's Birthplace: "

Name of person giving information: Emery Ohler How related to deceased: Father

CAUSES OF DEATH

Primary: How long

Immediate: Consumption of Bowels 9 How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M E Eichelberger

Address: Emmitsburg Maryland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Irving Charles Palmer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: C&G Hospital — County: Frederick

Date of death 1904: Month: Sept. — Day: 6 — Age: Years: 12 — Months: 1 — Days: 9

Sex: Male — Color or Race: white — Birthplace: Church Hill

Occupation: — Where Residing if not at place of death: Church Hill

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Josephus Palmer — Father's Birthplace: Church Hill

Mother's Maiden Name: Amelia Rice — Mother's Birthplace: Ellerton

Name of person giving information: Josephus — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis - Acute Nephritis — How long: about 4 weeks

Immediate: Septicaemia - Uraemia — How long: Six days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. O. Hendrix, M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Infant of Geo Poe

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockland — County: Frederick

Date of death 1904 — Month: 9 — Day: 28 — Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: George W Poe — Father's Birthplace: Md

Mother's Maiden Name: Lizzie Webb — Mother's Birthplace: Md

Name of person giving information: George W Poe — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Stillbirth — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. A. Long

Address: City.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: John K. Quisote.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Waverly — County: Frederick

Date of death: Month: 9th — Day: 25th, 1904 — Age: Years: 80 — Months: 2 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Waverly, Frederick Co.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Hannah J. Quisote.

Father's Name: Samuel Quisote — Father's Birthplace: Waverly, Frederick Co.

Mother's Maiden Name: Hannah R. Johnson — Mother's Birthplace: Gulpeper Frederick Co.

Name of person giving In formation: James L. Quisote — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gunshot Wound of foot — How long: 2 weeks

Immediate: Tetanus — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Benner

Address: Waverly, Frederick Co. Md.

Accident or Suicide? Accident

LIBRARY BUREAU A33816

Name in Full — Ramsburg

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ramsburg — County: Frederick

Date of death: Month 9 — Day 14 — Years — Age — Months — ~~Days~~ 2 Hours

Sex — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jno H Ramsburg — Father's Birthplace: Md K Co

Mother's Maiden Name: Susie Barr — Mother's Birthplace: " "

Name of person giving information: Jno H Ramsburg — How related to deceased: Father

CAUSES OF DEATH

Primary — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. C. Early M D

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU No 3516

Mr. Olivet Leem:

Name in Full: Robert J Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Sept. — Day: 30 — Age — Years: About 50 — Months: — Days: years

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Matilda Smith.

Father's Name: Elias Smith — Father's Birthplace: Md.

Mother's Maiden Name: Mary Smothers — Mother's Birthplace: Md.

Name of person giving Information: Matilda Smith — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: About 2 weeks

Immediate: Cardiac Asthenia & Hypo[illegible] — How long: 2 years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. U. G. Boulne.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Carroll Robert Spielman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near D. R. Church — County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Sept.	Day: 25	Age — Years	Months: 4	Days: 7
Sex: Male	Color or Race: White		Birthplace: Frederick Co. Md.		
Occupation: —		Where Residing if not at place of death:			
Married, Single or Widowed: —	Name of Wife or Husband:				
Father's Name: Robert Spielman			Father's Birthplace: Washington Co. Md.		
Mother's Maiden Name: Annie Eyler			Mother's Birthplace: Frederick Co. Md.		
Name of person giving Information: Harry Spielman			How related to deceased: Brother		

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum	How long: 2½ days	
Immediate: Convulsions —	How long: 4 hours —	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: A. H. Diller	
	Address: D. R. Church. Maryland.	
Accident or Suicide?		

LIBRARY BUREAU A88516

Name in Full: Isabella Lavenia Stambaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodsboro — County: Frederick

Date of death 1904: Month: Sept. — Day: 17 — Age: Years: 55 — Months: 4 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Woodsboro Md.

Married, Single or Widowed: Widowed — Occupation: Housewife

Name of ~~Wife or~~ Husband: John Edward Stambaugh

Father's Name: John Smith of M — Father's Birthplace: Woodsboro Md.

Mother's Maiden Name: Elizabeth Brock — Mother's Birthplace: Dont Know

Name of person giving information: F. O. Stambaugh — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's disease {Complicated with Mitral insufficiency} — How long: About 5 Months

Immediate: Renal Anasarca — How long: -

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Stultz

Address: Woodsboro Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: John Edward Stambaugh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Woodsboro; County: Frederick

Date of death 1904: Month: Sept.; Day: 5; Age: Years: 65; Months: 2; Days: 18

Sex: Male; Color or Race: White; Birthplace: Mt Pleasant.

Married, Single or Widowed: Married; Occupation: Dentist

Name of Wife or Husband: Isabella Lavenia Stambaugh

Father's Name: Lewis Stambaugh; Father's Birthplace:

Mother's Maiden Name: Angle "; Mother's Birthplace:

Name of person giving information: M. Stambaugh; How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 46

Immediate: Blood Tumor. How long: 2½ years.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: Adams & Orrell Undertakers.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Annie – Wagoner – Stein

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: 1904 — Month: Sept. — Day: 23rd — Age: Years 38 — Months 9 — Days

Sex: Female — Color or Race: Colored — Birthplace: Penna.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Arnold Stein

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Arnold Stein — How related to deceased: wife

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CAUSES OF DEATH

Primary: Cancer – Gastria — How long: Indefinite

Immediate: Anaemia, ex haustion — How long: Few days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: [illegible]

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A55516

Name in Full: Charles Albert Stevens

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ulica — County: Frederick

Date of death: Month: 9 — Day: 5 — 1904

Age: Years: 6 — Months: 9 — Days: 24

Sex: Male — Color or Race: White — Birthplace: Burkittsville

Occupation:

Where Residing if not at place of death: Ulica

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Stevens — Father's Birthplace:

Mother's Maiden Name: Francis Ulica Jones — Mother's Birthplace:

Name of person giving Information: Mother — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Horse Kick — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. H. B. Gaver

Address: Jefferson Frederick Co Md

Accident or Suicide? Accident

LIBRARY BUREAU A66616

Name in Full: Stone Anne Sophie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Blomfield — County: Frederick

Date of death 190 4 — Month: 9 — Day: 2 — Age: Years 76 — Months 8 — Days 22

Sex: Female — Color or Race: Wh. Fe — Birthplace:

Occupation:

Married, Single or Widowed: Widow

Name of Wife or Husband: Ann Sophia Stone

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: William Shankel — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Asthenia (Old age) — How long: 3 mos.

Immediate: Asthenia — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Fahrney

Address: Frederick Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A89316

Name in Full: John Rezin Statlemyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Garfield; County: Frederick

Date of death: Month: Sept; Day: 8; Years: 1904; Age: 79; Months; Days

Sex: Male; Color or Race: White; Birthplace: near Wolfsville

Occupation: Musician; Where Residing if not at place of death: near Garfield, Md

Married, Single or Widowed: Married; Name of Wife or Husband: Susan Statlemyer

Father's Name: Jacob Statlemyer; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving information: Daniel W. Forrest; How related to deceased: Brother-in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Diorrhoea ~~re~~ 10 ✓; How long:

Immediate: General Debility; How long: 2 yrs -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Smith.

Address: Wolfsville, Md.

Accident or Suicide? no -

LIBRARY BUREAU A88816

Name in Full: Elizabeth Strasburg

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Johnsville; County: Frederick

Date of death: Month: Sept.; Day: 7; 1904

Age: Years: 70; Months: 7; Days: 25

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Domestic

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Solomon Strasburg

Father's Birthplace: Maryland

Mother's Maiden Name: Nancy Wolfe

Mother's Birthplace: Maryland

Name of person giving information: Jemima Reiley

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia — 64

How long: Many 4 years

Immediate: Apoplectic Coma.

How long: a few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. H. Sidwell

Address: Johnsville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A6681¢

Name in Full: Mary Isadora Tobey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County:

Date of death: 1907 Month: Sept. Day: 18th

Age: Years: Months: 3 Days:

Sex: Female Color or Race: White Birthplace: Md

Occupation: Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: William Tobey Father's Birthplace: Md

Mother's Maiden Name: Margaret Tobey Mother's Birthplace: Md

Name of person giving Information: William Tobey How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus How long: 4 months

Immediate: Cardiac Paralysis How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Hedges

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A33616

McCormick

Sept 20 –

Name in Full: Ora Grace Troxell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rocky Ridge; County: Frederick

Date of death: Month: 1904 Sept.; Day: 22

Age: Years: —; Months: —; Days: 1

Sex: Female

Color or Race: White

Birthplace: Rocky Ridge

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: /

Name of Wife or Husband: /

Father's Name: Clayton Troxell

Father's Birthplace: Frederick.

Mother's Maiden Name: Mary Lawrence

Mother's Birthplace: Carroll Co.

Name of person giving Information: Mary Troxell

How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cyanosis or blue disease — How long: 1 day

Immediate: Convulsions. — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. H. Dill

Address: Rocky Ridge Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name In Full — Certificate of Death

Jane Rebecca ~~Boundey~~ Rochester

Died at Town: Mountain Side — County: Frederick — MARYLAND

Date 1904 Month: Sept Day: 6 — Age Y.: 7 M.: 10 D.: 17 — Native of: Maryland — Occupation:

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living: One

Husband of / Wife: Lewis Rochester

Father's Name: David Ramsey — Mother's Maiden Name: Hahala Hyatt

Cause of Death — Primary: — How long sick: About two yrs

Immediate: Valvular disease of heart — Accident, Suicide, Homicide:

Reported by: E. S. Nicholson M.D.

Address: Lewistown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Elizabeth Wiles

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Jefferson — County: Frederick

Date of death 1904: Month: 9 — Day: 1 — Age: Years: 84 — Months: — Days: 27

Sex: Female — Color or Race: White — Birthplace: Frederick Co

Married, Single or Widowed: Widow — Occupation: Farm Wife

Name of Wife or Husband: John T. Wiles

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Ellen C. Degrange — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Paralysis — How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Peter Grove M.D.

Address: Jefferson Frederick Co Md

Accident or Suicide?

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LIBRARY BUREAU A88316

Name in Full: Henry O. Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: Month: Sept X — Day: 8 — Year: 1904 — Age: Years: 62 — Months: 9 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: ~ — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband: ~

Father's Name: ~ — Father's Birthplace:

Mother's Maiden Name: ~ — Mother's Birthplace:

Name of person giving information: Annie Williams — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: several yrs

Immediate: Uraemia — How long: " days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. C. L. Bourne

Address: Frederick, Md.

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Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary M. Woerner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: Month: Sept. — Day: 26 — Years: 66 — Months: 5 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Frdc. Co. Md.

Occupation: H.W. — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Christian Woerner

Father's Name: Geo. Baker — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Bronchitis - Emphysema — How long: 40 years

Immediate: Heart failure — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. D. Hendrix M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Franklin E. Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middletown; County: Frederick

Date of death: Month: Sept; Day: 25; 1904

Age: Years: 58; Months: 5; Days: 8

Sex: Male; Color or Race: White; Birthplace: Pa.

Occupation:

Where Residing if not at place of death:

Married, ~~Single or Widowed~~: Yes; Name of Wife ~~or Husband~~: Fannie Wolf

Father's Name: George W. Wolf; Father's Birthplace: Pa.

Mother's Maiden Name: Sophia E. Baltma; Mother's Birthplace: Pa.

Name of person giving information: Henry C. Fete; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Progressive Paralysis; How long: 5 years

Immediate: Shock; How long: 30 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Lamar, M. D.

Address: Middletown, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Marguerite Wurtele

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death 1904: Month: 9th; Day: 26

Age: Years: 36; Months; Days

Sex: Female

Color or Race: White

Birthplace: Canada

Occupation: Religious

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jonathan Wurtele

Father's Birthplace: Canada

Mother's Maiden Name: Julia Nelson

Mother's Birthplace: Canada

Name of person giving In formation: Sr. Bernadine Ordeal

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis

How long: 15 Months

Immediate: Carbolic Acid

How long: Two Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Brawner M.D.

Address: Emmitsburg Md.

Accident or Suicide?

LIBRARY BUREAU A66813

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catoctin — County: Frederick

Date of death: Month: Sept — Day: 29 — 1904

Age: Years — Months — Days

Sex: Male

Color or Race

Birthplace

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

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Name of person giving Information

How related to deceased

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Rail Road Accident — How long: Immediate

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm West

Address: Brunswick Frey" Co

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catoctin — County: Frederick

Date of death: 1904 — Month: Sept — Day: 29 — Age: Years / Months / Days

Sex: Male — Color or Race — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rail Road accident — How long: Immediate

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Levin Trail

Address: Brunswick

Frederick Co

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Unknown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Catoctin (Town) — County: Frederick

Date of death: 1904 — Month: Sept — Day: 29

Age — Years: — Months: — Days:

Sex: Male — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rail Road accident — How long: Immediate

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Levin West

Address: Braddock Fred'k Co

Accident or Suicide?

LIBRARY BUREAU A89518